AMENDED IN SENATE AUGUST 15, 2011

AMENDED IN SENATE JULY 12, 2011

AMENDED IN SENATE JUNE 29, 2011

AMENDED IN ASSEMBLY JUNE 1, 2011

AMENDED IN ASSEMBLY MAY 27, 2011

AMENDED IN ASSEMBLY APRIL 4, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

## ASSEMBLY BILL

No. 210

## **Introduced by Assembly Member Solorio**

January 31, 2011

An act to amend Sections 1797.85, 1797.224, 1797.270, 1797.274, and 1797.276 of, and to repeal and add Section 1797.201 of, the Health and Safety Code, relating to emergency medical services.

## LEGISLATIVE COUNSEL'S DIGEST

AB 210, as amended, Solorio. Emergency medical services.

(1) Existing law establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, which governs local emergency medical service systems and establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state activities concerning emergency medical services. The act requires a county to enter into a written agreement with a city or fire district that contracted for, or provided, as of June 1, 1980, prehospital emergency medical services regarding the provision of these services for the city or fire district, as specified. The act requires, until an agreement is reached, prehospital emergency

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medical services to be continued at not less than the existing level, unless reduced by the city council or the governing body of the fire district, as specified.

This bill would continue the authorization of a city or fire district that had continuously contracted for or provided prehospital emergency medical services (EMS) since June 1, 1980, to contract for or provide, with operational control, the administration of the same category type of prehospital EMS that it has continuously provided or contracted for during that time, within the geographical service area that it continuously served during that time, if the city or fire district makes a formal written request to the local EMS agency prior to January 1, 2014, and if specified conditions are met. The bill would revise the definition of exclusive operating area for this purpose to delete providers of limited advanced life support on advanced life support. The bill would authorize a city or fire district to increase its geographical area if specified conditions are met. The bill would prohibit a local EMS agency from creating an exclusive operating area for a type of prehospital EMS provided or contracted for by a city or fire district that is providing continuing prehospital EMS.

(2) The act authorizes a local EMS agency to create one or more exclusive operating areas in the development of a local plan, as specified, and requires a local EMS agency that creates an exclusive operating area in its local plan to develop and submit the local EMS agency's competitive process for selecting providers and determining the scope of their operations to the authority.

This bill would authorize a local EMS agency to grant one or more exclusive operating areas for emergency ambulance services, interfacility transport, or both, in the development of the local plan.

(3)

(2) The EMS act authorizes the establishment of an emergency medical care committee in each county and requires the committee to annually review ambulance services operating within the county, emergency medical care offered within the county, and first aid practices in the county. The act also requires the committee to report its observations and recommendations relative to this review to the authority and the local EMS agency.

This bill would, instead, require the committee to review the county's emergency medical care system and to act in an advisory capacity to the county board or boards of supervisors. The bill would require the

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membership of an emergency medical care committee in each county to be representative of the EMS system participants.

(4)

(3) By increasing the duties of local officials, this bill would impose a state-mandated local program.

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(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
- 3 (a) Emergency medical services (EMS) system coordination 4 remains the key factor in efficiently delivering the highest level 5 of prehospital patient care and emergency medical transport.
  - (b) All prehospital EMS providers in the EMS delivery system must be guided by consistent, clear standards regarding their rights, responsibilities, and duties arising out of the provision of prehospital emergency medical services EMS to their respective communities.
  - (c) Local EMS agencies responsible for developing and maintaining a local emergency medical services plan must be guided by and responsive to reasonable and consistent standards for evaluating and determining the scope, manner, and types of services provided within their respective jurisdictions, particularly when making determinations regarding exclusive operating areas, as set forth in Sections 1797.85 and 1797.224, and the concomitant rights and the roles of cities and fire districts that have provided prehospital emergency medical services EMS at not less than the existing level since June 1, 1980.
  - (d) It is the intent of the act adding this subdivision this act to preserve the rights of cities and fire districts as set forth in Section

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1 1797.201, as that section read on December 31, 2011, and the 2 authority of the local EMS agencies to grant exclusive operating 3 areas pursuant to Section 1797.224 as that section read on 4 December 31, 2011, and to align those rights and authority. 2011.

- (e) Cities, fire districts, private providers, and local EMS agencies are vital partners in the delivery of prehospital EMS, partners that contribute to a rapid deployment of highly trained EMS personnel.
- (f) It is in the public interest to ensure that all agencies providing prehospital EMS do so within a coordinated EMS system that provides clear standards for training, certification, and licensure of personnel, as well as for administration, medical control, and clinical oversight.
- SEC. 2. Section 1797.85 of the Health and Safety Code is amended to read:

1797.85. "Exclusive operating area" means an EMS area or subarea defined by the emergency medical services plan for which a local EMS agency, upon the recommendation of a county, restricts operations to one or more emergency ambulance services. SEC. 3.

SEC. 2. Section 1797.201 of the Health and Safety Code is 22 repealed.

SEC. 4.

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SEC. 3. Section 1797.201 is added to the Health and Safety Code, to read:

1797.201. (a) A city or fire district that has continuously contracted for or provided prehospital emergency medical services (EMS) since June 1, 1980, shall continue to have authorization to contract for or provide, with operational control, the same category of prehospital EMS that it has continuously provided during that time, within the geographical service area that it has continuously served during that time, if the city or fire district makes a formal written request for recognition to the local EMS agency prior to January 1, 2014, and if the following conditions are met:

(1) The city or fire district has not previously entered into a prehospital EMS administration agreement. For purposes of this section, a "prehospital EMS administration agreement" means an agreement entered into between a city or fire district and a local EMS agency in which the city or fire district agreed to have their prehospital EMS administered by the local EMS agency. An \_5\_ AB 210

agreement, other than an agreement described in this paragraph, previously entered into between a local EMS agency and a city or fire district where the city or fire district agreed to adhere to that local EMS agency's medical control policies and procedures shall not constitute a prehospital EMS administration agreement.

- (2) The city or fire district enters into a written agreement with the local EMS agency, in a form specified by the local EMS agency, addressing only the following:
- (A) Medical control, including policies, protocols, emergency medical dispatch protocols, and quality improvement.
  - (B) Coordination of EMS resources.

- (C) Recognition of the category of prehospital EMS that the city or fire district is authorized to perform.
- (D) Designation of the geographical service area for which authorization is granted.
- (b) If the city or fire district fails to enter into an agreement with the local EMS agency by January 1, 2014, or has failed to commence an appeal, then the city or fire district shall not perform or contract for that category of prehospital EMS unless formally authorized to do so by the local EMS agency in accordance with the requirements of this division. Appeals shall proceed in the following order: local Emergency Medical Care Committee or its equivalent, the governing body of the local EMS agency, and then judicial review. The standard of review on the appeal shall be de novo.
- (c) A city or fire district that has not continuously performed, or contracted for, a specific category of prehospital EMS since June 1, 1980, shall not perform or contract for that category or of prehospital EMS unless formally authorized to do so by the local EMS agency in accordance with the requirements of this division.
- (d) A local EMS agency shall include all prehospital EMS providers who comply with the requirements of this division in its local emergency medical services plan.
- (e) For purposes of this division, "category of prehospital EMS" shall only include one or more of the following:
- (1) First response, which means the delivery of prehospital EMS without patient transport.
- 38 (2) Dispatch, which means dispatch of a provider's own or contracted prehospital EMS resources.

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(3) 911 ambulance transport service, which means ambulance service provided in response to a 911 call or, as determined by the local EMS agency, an emergency call to a 7 digit number.

- (4) Interfacility ambulance service, which means ambulance transport, other than 911 ambulance service, between health facilities or between a patient's residence and a health facility.
- (f) All prehospital EMS providers shall be subject to medical control by the local EMS agency, including, but not limited to, those pursuant to Chapter 5 (commencing with Section 1798), and shall comply with local EMS agency policies and procedures regarding the delivery of prehospital emergency medical services.
- (g) Nothing in this section shall preclude a prehospital EMS provider from increasing the level of service it provides within a category of prehospital EMS for which it has continuously provided service since June 1, 1980.
- (h) Nothing in this section shall be construed as permitting a prehospital EMS provider from adding a new category of prehospital EMS that it has not provided continuously since June 1, 1980.
- 1797.201. (a) A city or fire district that has continuously provided, or contracted for, prehospital emergency medical services (EMS) since June 1, 1980, shall have continuing authorization to provide or contract for the administration of, with control as this term is defined in regulation, the same type of prehospital EMS that it has continuously provided, or contracted for, during that time, within the geographical service area that it has continuously served during that time, if the city or fire district makes a formal written request for recognition to the local EMS agency prior to January 1, 2014, and if the following conditions are met:
- (1) The city or fire district has not previously entered into a written prehospital EMS agreement with a county. A city or fire district that has previously entered into an agreement exclusively for the purpose of agreeing to adhere to the local EMS agency's medical control policies and procedures shall not constitute a written prehospital EMS administration agreement under this section.
- (2) The city or fire district requesting recognition enters into a written agreement, of an unlimited term, with the local EMS

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agency, in a form specified by the local EMS agency, for the purposes of this section, addressing only the following:

- (A) Medical control, pursuant to Chapter 5 (commencing with Section 1798) including policies, protocols, emergency medical dispatch protocols, and quality improvement.
  - (B) Coordination of EMS resources.

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- (C) Recognition of the type of prehospital EMS that the city or fire district is authorized to perform.
- (D) Designation of the geographical service area for which authorization is granted.
  - (E) Standards for operational control.
  - (F) Other terms mutually agreed upon by the contracting parties.
- (b) If the city or fire district fails to enter into an agreement with the local EMS agency, or failed to commence an appeal, by January 1, 2014, then the city or fire district shall not perform or contract for that type of prehospital EMS unless formally authorized to do so by the local EMS agency in accordance with the requirements of this division. A city or fire district that has commenced an appeal shall continue to provide or contract for those services it has provided as of the date of the appeal, until the appeal is resolved. Appeals shall proceed in the following order: (i) the local emergency medical care committee or its equivalent, (ii) the governing body of the local EMS agency, and (iii) judicial review.
- (c) If a city or fire district that meets the specifications of this section has increased or increases its geographical area beyond the geographical service area that it served as of June 1, 1980, through annexation or consolidation, the following shall apply for the newly acquired area:
- (1) If the annexation or consolidation occurred prior to January 1, 2012, the annexing city, fire district, or consolidated entity shall qualify for recognition to provide or contract for the existing type of prehospital EMS that the annexing city, fire district, or consolidated entity has provided or contracted for continuously since the annexation or consolidation occurred. Notwithstanding any other law, an annexation or consolidation shall not displace an EMS provider with a current contract with a local EMS agency to provide a type of EMS within an exclusive operating area.
- 39 (2) If the annexation or consolidation occurs after January 1, 40 2012, the annexing city, fire district, or consolidated entity shall

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assume the recognition to provide or contract for the preexisting type of prehospital EMS that had been continuously provided, or contracted for, since June 1, 1980, by the predecessor city or fire district for that geographical service area if there was such a city or fire district for that geographical service area. Notwithstanding any other law, an annexation or consolidation shall not displace an EMS provider with a current contract with a local EMS agency to provide a type of EMS within an exclusive operating area.

- (3) This section shall not be construed to authorize any other public agency overseeing an annexation or consolidation to make changes to the local EMS agency's EMS plan for the provision of prehospital EMS services.
- (d) A city or fire district contracting to provide services may enter into a written agreement for recognition to provide a type or types of prehospital EMS with the local EMS agency pursuant to subdivision (a), on behalf of the city or fire district that has continuously provided or contracted for, as of June 1, 1980, a type or types of prehospital EMS.
- (e) A city or fire district that has not continuously provided or contracted for a type of prehospital EMS since June 1, 1980, shall not provide or contract for that type of prehospital EMS unless formally authorized to do so by the local EMS agency in accordance with the requirements of this division.
- (f) A local EMS agency shall include all cities and fire districts that comply with the requirements of this section in its local emergency medical services plan.
- (g) For purposes of this section, "type of prehospital EMS" shall only include one or more of the following:
- (1) First response, which means the delivery of prehospital EMS without patient transport.
- (2) Dispatch, which means dispatch of a provider's own or contracted prehospital EMS resources.
- (3) 911 ambulance transport service, which means ambulance service provided in response to a 911 call or, as determined by the local EMS agency, an emergency call to a 7 digit number.
- (h) This section shall not preclude a city or fire district from increasing the level of service it provides or contracts for within a type of prehospital EMS for which it has continuously provided service since June 1, 1980. For the purpose of this section, "level" shall mean basic life support, limited advanced life support, or

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advanced life support. Without limiting the foregoing, a city or fire district that has continuously provided basic life support first response since June 1, 1980, may upgrade to advanced life support first response.

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- (i) The level of prehospital EMS provided by a city or fire district may be reduced where the governing body of a city or fire district, pursuant to a public hearing, determines that the reduction is necessary. When a governing body of a city or fire district has determined that a service-level reduction is necessary, notice shall be provided to the local EMS agency a minimum of 90 days before the service reduction is implemented. The local EMS agency shall conduct a public hearing to report on the impact of the proposed service reduction on the local EMS system.
- (j) This section shall not be construed to permit a city or fire district to add a type of prehospital EMS that it has not provided or contracted for continuously since June 1, 1980.
- (k) A local EMS agency shall not create an exclusive operating area for a type of prehospital EMS provided or contracted for by a city or fire district meeting the requirements of this section within the geographical service area of the city or fire district unless the exclusive operating area is awarded to that city or fire district through a noncompetitive process in accordance with Section 1797.224.
- (l) The continuing authorization of a city or fire district to provide a type or types of prehospital EMS recognized pursuant to this section shall transfer to any successor agency, including, but not limited to, a joint powers agency, but that recognition shall be limited to the geographical area of the predecessor agency that continuously provided or contracted for, as of June 1, 1980, that type or those types of prehospital EMS.
- SEC. 5. Section 1797.224 of the Health and Safety Code is amended to read:

1797.224. A local EMS agency may create one or more exclusive operating areas for emergency ambulance services or interfacility transport, or both, in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the

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1 services have been provided without interruption since January 1, 2 1981. A local EMS agency which elects to create one or more 3 exclusive operating areas in the development of a local plan shall 4 develop and submit for approval to the authority, as part of the 5 local EMS plan, its competitive process for selecting providers 6

and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic

8 intervals, as determined by the local EMS agency. 9

SEC. 6.

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SEC. 4. Section 1797.270 of the Health and Safety Code is amended to read:

1797.270. An emergency medical care committee may be established in each county in this state. The committee membership shall be representative of the EMS system participants. Nothing in this division should be construed to prevent two or more adjacent counties from establishing a single committee for review of emergency medical care in these counties.

SEC. 7.

SEC. 5. Section 1797.274 of the Health and Safety Code is amended to read:

1797.274. The emergency medical care committee shall, at least annually, review the county's emergency medical care system. SEC. 8.

SEC. 6. Section 1797.276 of the Health and Safety Code is amended to read:

1797.276. Every emergency medical care committee shall, at least annually, report to the authority, and the local EMS agency its observations and recommendations relative to its review of the county's emergency medical care system. The emergency medical care committee shall submit its observations and recommendations to the county board or boards of supervisors which it serves and shall act in an advisory capacity to the county board or boards of supervisors that it serves, and to the local EMS agency, on all matters relating to emergency medical services.

SEC. 9.

SEC. 7. This act, which repeals and adds Section 1797.201 of the Health and Safety Code, shall not be construed to affect, limit, or otherwise invalidate any decision by a court of competent jurisdiction that interprets and applies Division 2.5 (commencing -11- AB 210

with Section 1797) of the Health and Safety Code, as that division 2 read on December 31, 2011. 3 SEC. 10. 4 SEC. 8. If the Commission on State Mandates determines that 5 this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 8 4 of Title 2 of the Government Code. 9 10 11 **CORRECTIONS:** 12 Text—Page 10. 13